DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CRADLE DEVICE FOR PORTABLE TERMINAL

			S				
the application of which ☐ is attached hereto	OR	☑ was filed on March 4, 200 or PCT International Applicati (Confirmation No	on Number <u>PCT/JF</u>	2005/004267			
I hereby state that I have reviewed and by any amendment specifically referred		tents of the above identified app	lication, including the	e claims, as amended			
I acknowledge the duty to disclose in continuation-in-part application(s), mate the national or PCT international filing of	rial information w	nich became available between t	defined in 37 CFR he filing date of the	1.56, including for prior application and			
I hereby claim foreign priority benefits or plant breeder's rights certificate(s), o than the United States of America, liste patent, inventor's or plant breeder's right application on which priority is claimed.	r 365(a) of any PC ed below and have ts certificate(s), or	T international application(s) was also identified below, by checking	hich designated at le- ng the box, any fore	ast one country other ign application(s) for			
	G	Family Filling De		ority Claimed No			
Prior Foreign Application Number(s) 2004-062158	Country Japan						
I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Prior U.S. or International Application N	umber(s)	U.S. or International Filing Date		Status			

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

23373
PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:							
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Inventor's Signature Joshinglu Ogai		sa (#)	Date	January 22, 2007			
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NAME OF SECOND INVENTOR:							
Given Name (first and middle [if any]) Family Name or Surname							
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NAME OF THIRD INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surname					
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Residence: City State		Country		Citizenship			
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City	State	Zip		Country			
NAME OF FOURTH INVENTOR:							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Country Citizenship		Citizenship			
Mailing Address:							
City	State	Zip		Country			